

Fill in this information to identify your case and this filing:

|   |                 |             |                          |
|---|-----------------|-------------|--------------------------|
| Debtor 1                                | <u>Laura</u>    | <u>Sue</u>  | <u>Gilbert</u>           |
|   | First Name      | Middle Name | Last Name                |
| Debtor 2<br>(Spouse, if filing)         |                 |             |                          |
|   | First Name      | Middle Name | Last Name                |
| United States Bankruptcy Court for the: | <u>Southern</u> |             | District of <u>Texas</u> |
| Case number                             | <u>24-33260</u> |             |                          |

☐ Check if this is an amended filing

## Official Form 106A/B

## Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1:** Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

## 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1 16601 Oak Lane

Street address, if available, or other description

Channelview, TX 77530

City State ZIP Code

Harris

County

**What is the property?** Check all that apply.

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Source of Value: Harris County Property AppraiserDo not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$381,843.00

Current value of the portion you own?

\$381,843.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple
☐ Check if this is community property (see instructions)

## 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here

\$381,843.00**Part 2:** Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

## 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
- ☒ Yes

Debtor **Gilbert, Laura Sue**Case number (if known) **24-33260**3.1 Make: Buick Who has an interest in the property? Check one.Model: Enclave Avenir Sport Utility 4DYear: 2023Approximate mileage: 31,000

Other information:

VIN: 5GAERDKW6PJ123442

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.Current value of the entire property?  
\$42,835.00Current value of the portion you own?  
\$42,835.004. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

4.1 Make: \_\_\_\_\_ Who has an interest in the property? Check one.

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.Current value of the entire property?  
\_\_\_\_\_Current value of the portion you own?  
\_\_\_\_\_

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here .....

\$42,835.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.6. **Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No  
☒ Yes. Describe. ....

One sofa, one recliner, one coffee table, one dining table with six chairs, four clocks, one chest of drawers, four night stands, two side tables, six lamps, two curio cabinets, three beds, one dresser, and four chairs (No item is valued in excess of \$1,000.00 each)

\$3,000.007. **Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No  
☒ Yes. Describe. ....

Three TVs, one DVD player, one desktop computer, one laptop, and one tablet (No item is valued in excess of \$1,000.00 each)

\$2,000.00

Debtor **Gilbert, Laura Sue**Case number (if known) **24-33260****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe. ....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe. ....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe. ....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe. ....**All clothing (No item is valued in excess of \$1,000.00 each)****\$200.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe. ....**All jewelry (No item is valued in excess of \$1,000.00 each)****\$600.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes. Describe. ....**14. Any other personal and household items you did not already list, including any health aids you did not list**☐ No☒ Yes. Give specific information. ....**Miscellaneous garden tools (No item is valued in excess of \$1,000.00 each)****\$100.00****15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$5,900.00****Part 4:** Describe Your Financial Assets

Debtor **Gilbert, Laura Sue**Case number (if known) **24-33260****Do you own or have any legal or equitable interest in any of the following?****Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☒ No☐ Yes ..... Cash: ..... \_\_\_\_\_**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes .....

Institution name:

|                         |                                     |                 |
|-------------------------|-------------------------------------|-----------------|
|                         | <b>Stellar Bank</b>                 |                 |
| 17.1. Checking account: | <b>Account Number: XXXXXXXX1733</b> | <b>\$449.00</b> |

|                        |                                     |                 |
|------------------------|-------------------------------------|-----------------|
|                        | <b>Stellar Bank</b>                 |                 |
| 17.2. Savings account: | <b>Account Number: XXXXXXXX2752</b> | <b>\$130.00</b> |

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts☒ No☐ Yes ..... Institution or issuer name:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes. Give specific  
information about  
them.....

Name of entity:

% of ownership:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Debtor **Gilbert, Laura Sue**Case number (if known) **24-33260****20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific  
information about  
them.....

Issuer name:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each  
account separately.

Type of account:

Institution name:

401(k) or similar plan:

Pension plan:

IRA:

Retirement account:

Keogh:

Additional account:

Additional account:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No☐ Yes .....

Institution name or individual:

Electric:

Gas:

Heating oil:

Security deposit on rental unit:

Prepaid rent:

Telephone:

Water:

Rented furniture:

Other:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Debtor **Gilbert, Laura Sue**Case number (if known) **24-33260**23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes ..... Issuer name and description:

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them. ...

|  |
|--|
|  |
|--|

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them. ...

|  |
|--|
|  |
|--|

27. **Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them. ...

|  |
|--|
|  |
|--|

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

|  |
|--|
|  |
|--|

Federal:

State:

Local:

|  |
|--|
|  |
|  |
|  |

Debtor **Gilbert, Laura Sue**Case number (if known) **24-33260****29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information. ....

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information. ....**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information. ....**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim. ....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....

Debtor **Gilbert, Laura Sue**Case number (if known) **24-33260**

## 35. Any financial assets you did not already list

☒ No☐ Yes. Give specific information. ....

## 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here .....

**\$579.00****Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

## 37. Do you own or have any legal or equitable interest in any business-related property?

☒ No. Go to Part 6.☐ Yes. Go to line 38.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

## 38. Accounts receivable or commissions you already earned

☒ No☐ Yes. Describe. ....

## 39. Office equipment, furnishings, and supplies

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No☐ Yes. Describe. ....

## 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No☐ Yes. Describe. ....

## 41. Inventory

☒ No☐ Yes. Describe. ....

## 42. Interests in partnerships or joint ventures

☒ No☐ Yes. Describe .....

Name of entity:

% of ownership:

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



Debtor **Gilbert, Laura Sue**Case number (if known) **24-33260****43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe. ....**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information .....**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here .....****\$0.00****Part 6:**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
**If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.**47. Farm animals***Examples:* Livestock, poultry, farm-raised fish☒ No☐ Yes .....**48. Crops—either growing or harvested**☒ No☐ Yes. Give specific information. ....

Debtor **Gilbert, Laura Sue**Case number (if known) **24-33260**49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes .....50. **Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes .....51. **Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific information. ....52. **Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** .....**\$0.00****Part 7:** Describe All Property You Own or Have an Interest in That You Did Not List Above53. **Do you have other property of any kind you did not already list?***Examples:* Season tickets, country club membership☒ No☐ Yes. Give specific information. ....54. **Add the dollar value of all of your entries from Part 7. Write that number here** .....**\$0.00****Part 8:** List the Totals of Each Part of this Form55. **Part 1: Total real estate, line 2** .....**\$381,843.00**56. **Part 2: Total vehicles, line 5****\$42,835.00**57. **Part 3: Total personal and household items, line 15****\$5,900.00**58. **Part 4: Total financial assets, line 36****\$579.00**59. **Part 5: Total business-related property, line 45****\$0.00**60. **Part 6: Total farm- and fishing-related property, line 52****\$0.00**61. **Part 7: Total other property not listed, line 54****+****\$0.00**62. **Total personal property. Add lines 56 through 61.** .....**\$49,314.00**

Copy personal property total

**+****\$49,314.00**

Debtor **Gilbert, Laura Sue**

Case number (if known) **24-33260**

63. **Total of all property on Schedule A/B.** Add line 55 + line 62. ....

**\$431,157.00**

Fill in this information to identify your case:

|   |                 |             |                          |
|---|-----------------|-------------|--------------------------|
| Debtor 1                                | <u>Laura</u>    | <u>Sue</u>  | <u>Gilbert</u>           |
|   | First Name      | Middle Name | Last Name                |
| Debtor 2<br>(Spouse, if filing)         |                 |             |                          |
|   | First Name      | Middle Name | Last Name                |
| United States Bankruptcy Court for the: | <u>Southern</u> |             | District of <u>Texas</u> |
| Case number<br>(if known)               | <u>24-33260</u> |             |                          |

☐ Check if this is an amended filing

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

## 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own<br><br>Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim<br><br><i>Check only one box for each exemption.</i>   | Specific laws that allow exemption                               |
|--|---|--|--|
| Brief description: <u>16601 Oak Lane Channelview, TX 77530</u>                             | <u>\$381,843.00</u>   | <input checked="" type="checkbox"/> <u>\$381,843.00</u>                                  | <u>Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002</u> |
| Line from <i>Schedule A/B</i> : <u>1.1</u>   |   | <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit |  |

## 3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
- ☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☒ No
- ☐ Yes

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2:** Additional Page

| Brief description of the property and line on Schedule A/B that lists this property |  | Current value of the portion you own<br><br>Copy the value from Schedule A/B | Amount of the exemption you claim<br><br>Check only one box for each exemption.   | Specific laws that allow exemption                |
|---|--|--|---|---|
| Brief description:  | <b>One sofa, one recliner, one coffee table, one dining table with six chairs, four clocks, one chest of drawers, four night stands, two side tables, six lamps, two curio cabinets, three beds, one dresser, and four chairs (No item is valued in excess of \$1,000.00 each)</b> | <b>\$3,000.00</b>  | <input checked="" type="checkbox"/> <b>\$3,000.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</b> |
| Line from Schedule A/B:   | <b>6</b>   |  |   |   |
| Brief description:  | <b>Three TVs, one DVD player, one desktop computer, one laptop, and one tablet (No item is valued in excess of \$1,000.00 each)</b>  | <b>\$2,000.00</b>  | <input checked="" type="checkbox"/> <b>\$2,000.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | <b>Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)</b> |
| Line from Schedule A/B:   | <b>7</b>   |  |   |   |
| Brief description:  | <b>All clothing (No item is valued in excess of \$1,000.00 each)</b>   | <b>\$200.00</b>  | <input checked="" type="checkbox"/> <b>\$200.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <b>Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)</b> |
| Line from Schedule A/B:   | <b>11</b>  |  |   |   |
| Brief description:  | <b>All jewelry (No item is valued in excess of \$1,000.00 each)</b>  | <b>\$600.00</b>  | <input checked="" type="checkbox"/> <b>\$600.00</b><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit   | <b>Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)</b> |
| Line from Schedule A/B:   | <b>12</b>  |  |   |   |

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2:** Additional Page**Brief description of the property and line on Schedule A/B that lists this property****Current value of the portion you own**

Copy the value from Schedule A/B

**Amount of the exemption you claim***Check only one box for each exemption.***Specific laws that allow exemption**

Brief description:

**Miscellaneous garden tools (No item is valued in excess of \$1,000.00 each)****\$100.00****\$100.00**

100% of fair market value, up to any applicable statutory limit

**Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)**

Line from Schedule A/B:

**14**

Brief description:

**Stellar Bank**  
Checking account  
Acct. No.:  
**XXXXXXXX1733****\$449.00****\$449.00**

100% of fair market value, up to any applicable statutory limit

**42 U.S.C. § 407**

Line from Schedule A/B:

**17**

Fill in this information to identify your case:

Debtor 1 Laura Sue Gilbert  
 First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Texas

Case number (if 24-33260  
 known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A<br>Amount of claim<br>Do not deduct the value of collateral. | Column B<br>Value of collateral that supports this claim | Column C<br>Unsecured portion<br>If any |
|---|--|---|
|---|--|---|

| 2.1  | GM Financial   | Describe the property that secures the claim: | \$61,183.00 | \$42,835.00 | \$18,348.00 |
|--|--|---|-------------|-------------|-------------|
| Creditor's Name  | 2023 Buick Enclave Avenir Sport Utility 4D   |   |             |             |             |
| Attn: Bankruptcy   |  |   |             |             |             |
| PO Box 183853  |  |   |             |             |             |
| Number Street  |  |   |             |             |             |
| Arlington, TX 76096  |  |   |             |             |             |
| City State ZIP Code  |  |   |             |             |             |
| Who owes the debt? Check one.  | As of the date you file, the claim is: Check all that apply.                                     |   |             |             |             |
| <input checked="" type="checkbox"/> Debtor 1 only                        | <input type="checkbox"/> Contingent  |   |             |             |             |
| <input type="checkbox"/> Debtor 2 only                                   | <input type="checkbox"/> Unliquidated  |   |             |             |             |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only                      | <input type="checkbox"/> Disputed  |   |             |             |             |
| <input type="checkbox"/> At least one of the debtors and another         | Nature of lien. Check all that apply.  |   |             |             |             |
| <input type="checkbox"/> Check if this claim relates to a community debt | <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) |   |             |             |             |
|  | <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)                      |   |             |             |             |
|  | <input type="checkbox"/> Judgment lien from a lawsuit  |   |             |             |             |
|  | <input type="checkbox"/> Other (including a right to offset) _____                               |   |             |             |             |
| Date debt was incurred   | 9/1/2022   | Last 4 digits of account number               | 5           | 6           | 4 4         |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$61,183.00

Fill in this information to identify your case:

|   |                 |             |                          |
|---|-----------------|-------------|--------------------------|
| Debtor 1                                | <u>Laura</u>    | <u>Sue</u>  | <u>Gilbert</u>           |
|   | First Name      | Middle Name | Last Name                |
| Debtor 2                                |                 |             |                          |
| (Spouse, if filing)                     | First Name      | Middle Name | Last Name                |
| United States Bankruptcy Court for the: | <u>Southern</u> |             | District of <u>Texas</u> |
| Case number (if known)                  | <u>24-33260</u> |             |                          |

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

## Part 2: List All of Your NONPRIORITY Unsecured Claims

## 3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

|  |                               |  |                                       |
|--|-------------------------------|--|---------------------------------------|
|  |                               | <b>Total claim</b>   |                                       |
| <b>4.1</b>   | <b>Barclays Bank Delaware</b> | Last 4 digits of account number                              | <u>0 0 9 4</u>                        |
| Nonpriority Creditor's Name  |                               | When was the debt incurred?                                  | <u>6/1/2015</u>                       |
| <b>Attn: Bankruptcy</b>  |                               |  |                                       |
| <b>125 South West St</b>   |                               |  |                                       |
| Number   | Street                        | As of the date you file, the claim is: Check all that apply. |                                       |
| <b>Wilmington, DE 19801</b>  |                               | <input type="checkbox"/> Contingent                          |                                       |
| City   | State                         | ZIP Code   | <input type="checkbox"/> Unliquidated |
|  |                               |  | <input type="checkbox"/> Disputed     |
| <b>Who incurred the debt?</b> Check one.   |                               |  |                                       |
| <input checked="" type="checkbox"/> Debtor 1 only  |                               |  |                                       |
| <input type="checkbox"/> Debtor 2 only   |                               |  |                                       |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only  |                               |  |                                       |
| <input type="checkbox"/> At least one of the debtors and another   |                               |  |                                       |
| <input type="checkbox"/> Check if this claim is for a community debt   |                               |  |                                       |
| <b>Type of NONPRIORITY unsecured claim:</b>  |                               |  |                                       |
| <input type="checkbox"/> Student loans   |                               |  |                                       |
| <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                               |  |                                       |
| <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                               |  |                                       |
| <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>   |                               |  |                                       |
| <b>Is the claim subject to offset?</b>   |                               |  |                                       |
| <input checked="" type="checkbox"/> No   |                               |  |                                       |
| <input type="checkbox"/> Yes   |                               |  |                                       |



Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

**Total claim**

|            |  |  |                |                   |
|------------|--|--|----------------|-------------------|
| <b>4.2</b> | <b>Barclays Bank Delaware</b>  | Last 4 digits of account number  | <u>0 3 5 5</u> | <b>\$1,907.00</b> |
|            | Nonpriority Creditor's Name  | When was the debt incurred? <u>1/1/2022</u>  |                |                   |
|            | <b>Attn: Bankruptcy</b>  |  |                |                   |
|            | <b>125 South West St</b>   | As of the date you file, the claim is: Check all that apply.   |                |                   |
|            | Number Street  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                |                |                   |
|            | <b>Wilmington, DE 19801</b>  |  |                |                   |
|            | City State ZIP Code  |  |                |                   |
|            | Who incurred the debt? Check one.                                    | Type of NONPRIORITY unsecured claim:   |                |                   |
|            | <input checked="" type="checkbox"/> Debtor 1 only                    | <input type="checkbox"/> Student loans   |                |                   |
|            | <input type="checkbox"/> Debtor 2 only                               | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |                   |
|            | <input type="checkbox"/> Debtor 1 and Debtor 2 only                  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |                   |
|            | <input type="checkbox"/> At least one of the debtors and another     | <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>   |                |                   |
|            | <input type="checkbox"/> Check if this claim is for a community debt |  |                |                   |
|            | Is the claim subject to offset?                                      |  |                |                   |
|            | <input checked="" type="checkbox"/> No                               |  |                |                   |
|            | <input type="checkbox"/> Yes   |  |                |                   |
| <b>4.3</b> | <b>Best Egg</b>  | Last 4 digits of account number  | <u>0 1 8 4</u> | <b>\$1,563.00</b> |
|            | Nonpriority Creditor's Name  | When was the debt incurred? <u>3/1/2022</u>  |                |                   |
|            | <b>Attn: Bankruptcy</b>  |  |                |                   |
|            | <b>PO Box 42912</b>  | As of the date you file, the claim is: Check all that apply.   |                |                   |
|            | Number Street  | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed                |                |                   |
|            | <b>Philadelphia, PA 19101</b>  |  |                |                   |
|            | City State ZIP Code  |  |                |                   |
|            | Who incurred the debt? Check one.                                    | Type of NONPRIORITY unsecured claim:   |                |                   |
|            | <input checked="" type="checkbox"/> Debtor 1 only                    | <input type="checkbox"/> Student loans   |                |                   |
|            | <input type="checkbox"/> Debtor 2 only                               | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |                   |
|            | <input type="checkbox"/> Debtor 1 and Debtor 2 only                  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |                   |
|            | <input type="checkbox"/> At least one of the debtors and another     | <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>   |                |                   |
|            | <input type="checkbox"/> Check if this claim is for a community debt |  |                |                   |
|            | Is the claim subject to offset?                                      |  |                |                   |
|            | <input checked="" type="checkbox"/> No                               |  |                |                   |
|            | <input type="checkbox"/> Yes   |  |                |                   |

Debtor 1

LauraSueGilbertCase number (if known) 24-33260

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|   |                    |  |                                   |                   |
|---|--------------------|--|-----------------------------------|-------------------|
| <b>4.4</b>  | <b>Capital One</b> | Last 4 digits of account number  | <u>7 6 9 4</u>                    | <b>\$5,115.00</b> |
| Nonpriority Creditor's Name   |                    | When was the debt incurred? <u>3/1/2015</u>  |                                   |                   |
| <b>Attn: Bankruptcy</b>   |                    |  |                                   |                   |
| <b>PO Box 30285</b>   |                    | As of the date you file, the claim is: Check all that apply.   |                                   |                   |
| Number  | Street             | <input type="checkbox"/> Contingent  |                                   |                   |
| <b>Salt Lake City, UT 84130-0285</b>  |                    | <input type="checkbox"/> Unliquidated  |                                   |                   |
| City  | State              | ZIP Code   | <input type="checkbox"/> Disputed |                   |
| Who incurred the debt? Check one.   |                    |  |                                   |                   |
| <input checked="" type="checkbox"/> Debtor 1 only                           |                    |  |                                   |                   |
| <input type="checkbox"/> Debtor 2 only                                      |                    |  |                                   |                   |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only                         |                    |  |                                   |                   |
| <input type="checkbox"/> At least one of the debtors and another            |                    |  |                                   |                   |
| <input type="checkbox"/> Check if this claim is for a community debt        |                    |  |                                   |                   |
| Is the claim subject to offset?   |                    |  |                                   |                   |
| <input checked="" type="checkbox"/> No                                      |                    |  |                                   |                   |
| <input type="checkbox"/> Yes  |                    |  |                                   |                   |
| <b>4.5</b>  | <b>Capital One</b> | Last 4 digits of account number  | <u>0 2 9 5</u>                    | <b>\$4,738.00</b> |
| Nonpriority Creditor's Name   |                    | When was the debt incurred? <u>8/1/2015</u>  |                                   |                   |
| <b>Attn: Bankruptcy</b>   |                    |  |                                   |                   |
| <b>PO Box 30285</b>   |                    | As of the date you file, the claim is: Check all that apply.   |                                   |                   |
| Number  | Street             | <input type="checkbox"/> Contingent  |                                   |                   |
| <b>Salt Lake City, UT 84130-0285</b>  |                    | <input type="checkbox"/> Unliquidated  |                                   |                   |
| City  | State              | ZIP Code   | <input type="checkbox"/> Disputed |                   |
| Who incurred the debt? Check one.   |                    |  |                                   |                   |
| <input type="checkbox"/> Debtor 1 only                                      |                    |  |                                   |                   |
| <input type="checkbox"/> Debtor 2 only                                      |                    |  |                                   |                   |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only                         |                    |  |                                   |                   |
| <input checked="" type="checkbox"/> At least one of the debtors and another |                    |  |                                   |                   |
| <input type="checkbox"/> Check if this claim is for a community debt        |                    |  |                                   |                   |
| Is the claim subject to offset?   |                    |  |                                   |                   |
| <input checked="" type="checkbox"/> No                                      |                    |  |                                   |                   |
| <input type="checkbox"/> Yes  |                    |  |                                   |                   |
|   |                    | Type of NONPRIORITY unsecured claim:   |                                   |                   |
|   |                    | <input type="checkbox"/> Student loans   |                                   |                   |
|   |                    | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                   |                   |
|   |                    | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                                   |                   |
|   |                    | <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>   |                                   |                   |
|   |                    | Type of NONPRIORITY unsecured claim:   |                                   |                   |
|   |                    | <input type="checkbox"/> Student loans   |                                   |                   |
|   |                    | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                                   |                   |
|   |                    | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                                   |                   |
|   |                    | <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>  |                                   |                   |

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|  |                    |   |                |                 |
|--|--------------------|---|----------------|-----------------|
| <b>4.6</b>   | <b>Capital One</b> | Last 4 digits of account number   | <u>9 6 5 8</u> | <b>\$758.00</b> |
| Nonpriority Creditor's Name  |                    | When was the debt incurred?   |                |                 |
| <b>Attn: Bankruptcy</b>  |                    | <u>1/1/2022</u>   |                |                 |
| <b>PO Box 30285</b>  |                    | As of the date you file, the claim is: Check all that apply.  |                |                 |
| Number Street  |                    | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |                |                 |
| <b>Salt Lake City, UT 84130-0285</b>   |                    | Type of NONPRIORITY unsecured claim:  |                |                 |
| City State ZIP Code  |                    | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>      |                |                 |
| Who incurred the debt? Check one.  |                    |   |                |                 |
| <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt |                    |   |                |                 |
| Is the claim subject to offset?  |                    |   |                |                 |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |   |                |                 |
| <b>4.7</b>   | <b>Cbusasears</b>  | Last 4 digits of account number   | <u>7 3 6 5</u> | <b>\$0.00</b>   |
| Nonpriority Creditor's Name  |                    | When was the debt incurred?   |                |                 |
| <b>Attn: Bnakruptcy</b>  |                    | <u>1/1/1988</u>   |                |                 |
| <b>PO Box790040</b>  |                    | As of the date you file, the claim is: Check all that apply.  |                |                 |
| Number Street  |                    | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed   |                |                 |
| <b>St Louis, MO 63179-0040</b>   |                    | Type of NONPRIORITY unsecured claim:  |                |                 |
| City State ZIP Code  |                    | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>UnknownLoanType</u> |                |                 |
| Who incurred the debt? Check one.  |                    |   |                |                 |
| <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt |                    |   |                |                 |
| Is the claim subject to offset?  |                    |   |                |                 |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                    |   |                |                 |

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|            |  |  |                  |               |
|------------|--|--|------------------|---------------|
| <b>4.8</b> | <b>Citibank/Shell Oil</b>  | Last 4 digits of account number  | <u>6 6 5 1</u>   | <b>\$0.00</b> |
|            | Nonpriority Creditor's Name  | When was the debt incurred?  | <u>12/1/1996</u> |               |
|            | <b>Citicorp Cr Srvs/Centralized Bankruptcy</b>                       |  |                  |               |
|            | <b>PO Box 790040</b>   | As of the date you file, the claim is: Check all that apply.   |                  |               |
|            | Number Street  | <input type="checkbox"/> Contingent  |                  |               |
|            | <b>St Louis, MO 63179-0040</b>                                       | <input type="checkbox"/> Unliquidated  |                  |               |
|            | City State ZIP Code  | <input type="checkbox"/> Disputed  |                  |               |
|            | Who incurred the debt? Check one.                                    | Type of NONPRIORITY unsecured claim:   |                  |               |
|            | <input checked="" type="checkbox"/> Debtor 1 only                    | <input type="checkbox"/> Student loans   |                  |               |
|            | <input type="checkbox"/> Debtor 2 only                               | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                  |               |
|            | <input type="checkbox"/> Debtor 1 and Debtor 2 only                  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                  |               |
|            | <input type="checkbox"/> At least one of the debtors and another     | <input checked="" type="checkbox"/> Other. Specify <u>UnknownLoanType</u>  |                  |               |
|            | <input type="checkbox"/> Check if this claim is for a community debt |  |                  |               |
|            | Is the claim subject to offset?                                      |  |                  |               |
|            | <input checked="" type="checkbox"/> No                               |  |                  |               |
|            | <input type="checkbox"/> Yes   |  |                  |               |
| <b>4.9</b> | <b>Citibank/The Home Depot</b>                                       | Last 4 digits of account number  | <u>7 6 3 0</u>   | <b>\$0.00</b> |
|            | Nonpriority Creditor's Name  | When was the debt incurred?  | <u>7/1/1990</u>  |               |
|            | <b>Citicorp Cr Srvs/Centralized Bankruptcy</b>                       |  |                  |               |
|            | <b>PO Box 790040</b>   | As of the date you file, the claim is: Check all that apply.   |                  |               |
|            | Number Street  | <input type="checkbox"/> Contingent  |                  |               |
|            | <b>St Louis, MO 63179-0040</b>                                       | <input type="checkbox"/> Unliquidated  |                  |               |
|            | City State ZIP Code  | <input type="checkbox"/> Disputed  |                  |               |
|            | Who incurred the debt? Check one.                                    | Type of NONPRIORITY unsecured claim:   |                  |               |
|            | <input checked="" type="checkbox"/> Debtor 1 only                    | <input type="checkbox"/> Student loans   |                  |               |
|            | <input type="checkbox"/> Debtor 2 only                               | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                  |               |
|            | <input type="checkbox"/> Debtor 1 and Debtor 2 only                  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                  |               |
|            | <input type="checkbox"/> At least one of the debtors and another     | <input checked="" type="checkbox"/> Other. Specify <u>UnknownLoanType</u>  |                  |               |
|            | <input type="checkbox"/> Check if this claim is for a community debt |  |                  |               |
|            | Is the claim subject to offset?                                      |  |                  |               |
|            | <input checked="" type="checkbox"/> No                               |  |                  |               |
|            | <input type="checkbox"/> Yes   |  |                  |               |

Debtor 1

LauraSueGilbertCase number (if known) 24-33260

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|             |                             |  |               |
|-------------|-----------------------------|--|---------------|
| <b>4.10</b> | <b>Comenity Bank/Avenue</b> | Last 4 digits of account number <u>1 1 9 4</u> | <b>\$0.00</b> |
|-------------|-----------------------------|--|---------------|

Nonpriority Creditor's Name

Attn: BankruptcyPO Box 182125

Number Street

Columbus, OH 43218

City State ZIP Code

When was the debt incurred?

9/1/1991

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes

|             |                               |  |               |
|-------------|-------------------------------|--|---------------|
| <b>4.11</b> | <b>Comenity Bank/burkesol</b> | Last 4 digits of account number <u>9 9 5 2</u> | <b>\$0.00</b> |
|-------------|-------------------------------|--|---------------|

Nonpriority Creditor's Name

Attn: BankruptcyPO Box 182125

Number Street

Columbus, OH 43218

City State ZIP Code

When was the debt incurred?

11/22/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

LauraSueGilbertCase number (if known) 24-33260

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|  |  |   |               |
|--|--|---|---------------|
| 4.12   | <b>Comenity Bk/Ulta</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 182125</b><br>Number Street<br><b>Columbus, OH 43218</b><br>City State ZIP Code                   | Last 4 digits of account number <u>0 7 7 2</u><br>When was the debt incurred? <u>10/29/2016</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u> | <b>\$0.00</b> |
| Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  |   |               |
| 4.13   | <b>Conn's HomePlus</b><br>Nonpriority Creditor's Name<br><b>2445 Technology Forest Boulevard Building 4, Suite 800</b><br>Number Street<br><b>The Woodlands, TX 77381</b><br>City State ZIP Code | Last 4 digits of account number <u>9 7 3 1</u><br>When was the debt incurred? <u>11/1/2014</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____                            | <b>\$0.00</b> |
| Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  |   |               |

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|             |                        |  |               |
|-------------|------------------------|--|---------------|
| <b>4.14</b> | <b>Conn's HomePlus</b> | Last 4 digits of account number <u>9 7 3 2</u> | <b>\$0.00</b> |
|-------------|------------------------|--|---------------|

Nonpriority Creditor's Name

**2445 Technology Forest Boulevard Building 4,  
Suite 800**

Number Street

**The Woodlands, TX 77381**

City State ZIP Code

When was the debt incurred? 5/1/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

☒ No☐ Yes

|             |                        |  |               |
|-------------|------------------------|--|---------------|
| <b>4.15</b> | <b>Conn's HomePlus</b> | Last 4 digits of account number <u>9 7 3 0</u> | <b>\$0.00</b> |
|-------------|------------------------|--|---------------|

Nonpriority Creditor's Name

**2445 Technology Forest Boulevard Building 4,  
Suite 800**

Number Street

**The Woodlands, TX 77381**

City State ZIP Code

When was the debt incurred? 12/1/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|  |                           |  |                                     |                   |
|--|---------------------------|--|-------------------------------------|-------------------|
| <b>4.16</b>  | <b>Cws/cw Nexus</b>       | Last 4 digits of account number  | <u>0</u> <u>2</u> <u>3</u> <u>2</u> | <b>\$1,444.00</b> |
| Nonpriority Creditor's Name  |                           | When was the debt incurred?  |                                     |                   |
| <b>Po Box 9201</b>   |                           | <u>5/1/2021</u>  |                                     |                   |
| Number Street  |                           | As of the date you file, the claim is: Check all that apply.   |                                     |                   |
| <b>Old Bethpage, NY 11804</b>  |                           | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |                                     |                   |
| City State ZIP Code  |                           | Type of NONPRIORITY unsecured claim:   |                                     |                   |
| Who incurred the debt? Check one.  |                           | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u> |                                     |                   |
| <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt |                           |  |                                     |                   |
| Is the claim subject to offset?  |                           |  |                                     |                   |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                           |  |                                     |                   |
| <b>4.17</b>  | <b>Discover Financial</b> | Last 4 digits of account number  | <u>4</u> <u>5</u> <u>3</u> <u>1</u> | <b>\$8,791.00</b> |
| Nonpriority Creditor's Name  |                           | When was the debt incurred?  |                                     |                   |
| <b>Attn: Bankruptcy</b>  |                           | <u>10/1/2018</u>   |                                     |                   |
| <b>PO Box 3025</b>   |                           | As of the date you file, the claim is: Check all that apply.   |                                     |                   |
| Number Street  |                           | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |                                     |                   |
| <b>New Albany, OH 43054</b>  |                           | Type of NONPRIORITY unsecured claim:   |                                     |                   |
| City State ZIP Code  |                           | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u> |                                     |                   |
| Who incurred the debt? Check one.  |                           |  |                                     |                   |
| <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt |                           |  |                                     |                   |
| Is the claim subject to offset?  |                           |  |                                     |                   |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                           |  |                                     |                   |



Debtor 1

LauraSueGilbertCase number (if known) 24-33260

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|  |  |   |                 |
|--|--|---|-----------------|
| 4.18   | <b>DSRM Nat Bank/Valero</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>One Valero Way</b><br>Number Street<br><b>San Antonio, TX 78249</b><br>City State ZIP Code         | Last 4 digits of account number <u>0 0 0 0</u><br>When was the debt incurred? <u>8/1/2015</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>UnknownLoanType</u> | <b>\$512.00</b> |
| Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  |   |                 |
| 4.19   | <b>First Electronic Bank</b><br>Nonpriority Creditor's Name<br><b>Attn: Bankruptcy</b><br><b>PO Box 521271</b><br>Number Street<br><b>Salt Lake City, UT 84152-1271</b><br>City State ZIP Code | Last 4 digits of account number <u>1 2 3 2</u><br>When was the debt incurred? <u>5/20/2016</u><br>As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Type of NONPRIORITY unsecured claim:<br><input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>     | <b>\$0.00</b>   |
| Who incurred the debt? Check one.<br><input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt<br>Is the claim subject to offset?<br><input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |  |   |                 |

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|             |                            |  |               |
|-------------|----------------------------|--|---------------|
| <b>4.20</b> | <b>First National Bank</b> | Last 4 digits of account number <b>4 4 2 2</b> | <b>\$0.00</b> |
|-------------|----------------------------|--|---------------|

Nonpriority Creditor's Name

**Attn: FNN Legal Dept**

When was the debt incurred?

**7/1/2014****1620 Dodge St. Stop Code 3290**

Number Street

As of the date you file, the claim is: Check all that apply.

**Omaha, NE 68197**☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only

Type of NONPRIORITY unsecured claim:

☐ Debtor 2 only☐ Student loans☐ Debtor 1 and Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ At least one of the debtors and another☐ Debts to pension or profit-sharing plans, and other similar debts☐ Check if this claim is for a community debt☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

☒ No☐ Yes

|             |                            |  |               |
|-------------|----------------------------|--|---------------|
| <b>4.21</b> | <b>First National Bank</b> | Last 4 digits of account number <b>5 9 1 4</b> | <b>\$0.00</b> |
|-------------|----------------------------|--|---------------|

Nonpriority Creditor's Name

**Attn: FNN Legal Dept**

When was the debt incurred?

**5/1/2011****1620 Dodge St. Stop Code 3290**

Number Street

As of the date you file, the claim is: Check all that apply.

**Omaha, NE 68197**☐ Contingent

City State ZIP Code

☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only

Type of NONPRIORITY unsecured claim:

☐ Debtor 2 only☐ Student loans☐ Debtor 1 and Debtor 2 only☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☒ At least one of the debtors and another☐ Debts to pension or profit-sharing plans, and other similar debts☐ Check if this claim is for a community debt☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

LauraSueGilbertCase number (if known) 24-33260

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|             |                     |  |               |
|-------------|---------------------|--|---------------|
| <b>4.22</b> | <b>GM Financial</b> | Last 4 digits of account number <u>4 4 0 6</u> | <b>\$0.00</b> |
|-------------|---------------------|--|---------------|

Nonpriority Creditor's Name

Attn: BankruptcyPO Box 183853

Number Street

Arlington, TX 76096

City State ZIP Code

When was the debt incurred?

3/1/2020

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

☒ No☐ Yes

|             |                               |  |               |
|-------------|-------------------------------|--|---------------|
| <b>4.23</b> | <b>Goldman Sachs Bank USA</b> | Last 4 digits of account number <u>2 1 6 8</u> | <b>\$0.00</b> |
|-------------|-------------------------------|--|---------------|

Nonpriority Creditor's Name

Lockbox 6112, PO Box 7247

Number Street

Philadelphia, PA 19170-6112

City State ZIP Code

When was the debt incurred?

4/1/2021

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify CreditCard

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|             |                     |  |               |
|-------------|---------------------|--|---------------|
| <b>4.24</b> | <b>Greensky Llc</b> | Last 4 digits of account number <b>8 2 1 7</b> | <b>\$0.00</b> |
|-------------|---------------------|--|---------------|

Nonpriority Creditor's Name

**Attn: Bankruptcy Attn: Bankruptcy****5565 Glenridge Connector , Ste 800**

Number Street

**Atlanta, GA 30341-4796**

City State ZIP Code

When was the debt incurred?

**2/1/2020**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Unsecured**

Is the claim subject to offset?

☒ No☐ Yes

|             |                                       |  |                 |
|-------------|---------------------------------------|--|-----------------|
| <b>4.25</b> | <b>Jefferson Capital Systems, LLC</b> | Last 4 digits of account number <b>7 0 0 3</b> | <b>\$945.00</b> |
|-------------|---------------------------------------|--|-----------------|

Nonpriority Creditor's Name

**Attn: Bankruptcy****200 14 Ave. E**

Number Street

**Sartell, MN 56377**

City State ZIP Code

When was the debt incurred?

**9/1/2023**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **FactoringCompanyAccount**

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|             |               |  |               |
|-------------|---------------|--|---------------|
| <b>4.26</b> | <b>Kohl's</b> | Last 4 digits of account number <b>8 4 4 9</b> | <b>\$0.00</b> |
|-------------|---------------|--|---------------|

Nonpriority Creditor's Name

**Attn: Credit Administrator**

When was the debt incurred?

**4/1/2015****PO Box 3043**

As of the date you file, the claim is: Check all that apply.

Number

Street

☐ Contingent**Milwaukee, WI 53201-3043**☐ Unliquidated

City

State

ZIP Code

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **ChargeAccount**

Is the claim subject to offset?

☒ No☐ Yes

|             |                            |  |                   |
|-------------|----------------------------|--|-------------------|
| <b>4.27</b> | <b>Midland Credit Mgmt</b> | Last 4 digits of account number <b>8 7 0 3</b> | <b>\$3,760.00</b> |
|-------------|----------------------------|--|-------------------|

Nonpriority Creditor's Name

**Attn: Bankruptcy**

When was the debt incurred?

**9/1/2023****PO Box 939069**

As of the date you file, the claim is: Check all that apply.

Number

Street

☐ Contingent**San Diego, CA 92193**☐ Unliquidated

City

State

ZIP Code

☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **FactoringCompanyAccount**

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|             |                            |  |                 |
|-------------|----------------------------|--|-----------------|
| <b>4.28</b> | <b>Midland Credit Mgmt</b> | Last 4 digits of account number <b>3 5 6 9</b> | <b>\$644.00</b> |
|-------------|----------------------------|--|-----------------|

Nonpriority Creditor's Name

**Attn: Bankruptcy****PO Box 939069**

Number Street

**San Diego, CA 92193**

City State ZIP Code

When was the debt incurred?

**11/1/2023**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **FactoringCompanyAccount**

Is the claim subject to offset?

☒ No☐ Yes

|             |   |  |                   |
|-------------|---|--|-------------------|
| <b>4.29</b> | <b>Portfolio Recovery Associates, LLC</b> | Last 4 digits of account number <b>4 3 2 7</b> | <b>\$4,483.00</b> |
|-------------|---|--|-------------------|

Nonpriority Creditor's Name

**Attn: Bankruptcy****120 Corporate Boulevard**

Number Street

**Norfolk, VA 23502**

City State ZIP Code

When was the debt incurred?

**9/1/2023**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **FactoringCompanyAccount**

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|  |                            |  |                                     |                     |
|--|----------------------------|--|-------------------------------------|---------------------|
| <b>4.30</b>  | <b>SBA Loan</b>            | Last 4 digits of account number  | <u>7</u> <u>0</u> <u>0</u> <u>5</u> | <b>\$155,367.09</b> |
| Nonpriority Creditor's Name  |                            | When was the debt incurred?  |                                     |                     |
| <b>8701 South Gesner Dr #1200</b>  |                            |  |                                     |                     |
| Number Street  |                            | As of the date you file, the claim is: Check all that apply.   |                                     |                     |
| <b>Houston, TX 77074</b>   |                            | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |                                     |                     |
| City State ZIP Code  |                            | Type of NONPRIORITY unsecured claim:   |                                     |                     |
| Who incurred the debt? Check one.  |                            | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input checked="" type="checkbox"/> Other. Specify _____ |                                     |                     |
| <input checked="" type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt |                            |  |                                     |                     |
| Is the claim subject to offset?  |                            |  |                                     |                     |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                            |  |                                     |                     |
| <b>4.31</b>  | <b>Sheffield Financial</b> | Last 4 digits of account number  | <u>6</u> <u>5</u> <u>0</u> <u>9</u> | <b>\$0.00</b>       |
| Nonpriority Creditor's Name  |                            | When was the debt incurred?  |                                     |                     |
| <b>Attn: Bankruptcy</b>  |                            | <b>12/1/2015</b>   |                                     |                     |
| <b>214 N Tryon St</b>  |                            | As of the date you file, the claim is: Check all that apply.   |                                     |                     |
| Number Street  |                            | <input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed  |                                     |                     |
| <b>Charlotte, NC 28202-1078</b>  |                            | Type of NONPRIORITY unsecured claim:   |                                     |                     |
| City State ZIP Code  |                            | <input type="checkbox"/> Student loans<br><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims<br><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts<br><input type="checkbox"/> Other. Specify _____            |                                     |                     |
| Who incurred the debt? Check one.  |                            |  |                                     |                     |
| <input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input checked="" type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim is for a community debt |                            |  |                                     |                     |
| Is the claim subject to offset?  |                            |  |                                     |                     |
| <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes   |                            |  |                                     |                     |

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|      |                     |  |               |
|------|---------------------|--|---------------|
| 4.32 | <b>Syncb/Paypal</b> | Last 4 digits of account number <u>2 6 2 6</u> | <b>\$0.00</b> |
|------|---------------------|--|---------------|

Nonpriority Creditor's Name

**Attn: Bankruptcy****PO Box 965060**

Number Street

**Orlando, FL 32896-5060**

City State ZIP Code

When was the debt incurred? 8/1/2008

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify UnknownLoanType

Is the claim subject to offset?

☒ No☐ Yes

|      |                        |  |               |
|------|------------------------|--|---------------|
| 4.33 | <b>Syncb/Toys R Us</b> | Last 4 digits of account number <u>2 0 3 0</u> | <b>\$0.00</b> |
|------|------------------------|--|---------------|

Nonpriority Creditor's Name

**Attn: Bankruptcy****PO Box 965060**

Number Street

**Orlando, FL 32896-5060**

City State ZIP Code

When was the debt incurred? 7/28/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes



Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|      |                       |                                 |                |               |
|------|-----------------------|---------------------------------|----------------|---------------|
| 4.34 | <b>Synchrony Bank</b> | Last 4 digits of account number | <u>1 0 7 6</u> | <b>\$0.00</b> |
|------|-----------------------|---------------------------------|----------------|---------------|

Nonpriority Creditor's Name

**PO Box 71724**

Number

Street

When was the debt incurred?

4/1/1990**Philadelphia, PA 19176**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify UnknownLoanType

Is the claim subject to offset?

☒ No☐ Yes

|      |                                 |                                 |                |               |
|------|---------------------------------|---------------------------------|----------------|---------------|
| 4.35 | <b>Synchrony Bank/ Old Navy</b> | Last 4 digits of account number | <u>3 2 5 7</u> | <b>\$0.00</b> |
|------|---------------------------------|---------------------------------|----------------|---------------|

Nonpriority Creditor's Name

**Attn: Bankruptcy****PO Box 965060**

Number

Street

When was the debt incurred?

7/19/2015**Orlando, FL 32896-5060**

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|             |                               |  |               |
|-------------|-------------------------------|--|---------------|
| <b>4.36</b> | <b>Synchrony Bank/Chevron</b> | Last 4 digits of account number <b>0 7 9 8</b> | <b>\$0.00</b> |
|-------------|-------------------------------|--|---------------|

Nonpriority Creditor's Name

**Attn: Bankruptcy****PO Box 965060**

Number Street

**Orlando, FL 32896-5060**

City State ZIP Code

When was the debt incurred?

**7/1/2000**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **UnknownLoanType**

Is the claim subject to offset?

☒ No☐ Yes

|             |                               |  |               |
|-------------|-------------------------------|--|---------------|
| <b>4.37</b> | <b>Synchrony Bank/HHGregg</b> | Last 4 digits of account number <b>3 5 0 8</b> | <b>\$0.00</b> |
|-------------|-------------------------------|--|---------------|

Nonpriority Creditor's Name

**Attn: Bankruptcy****PO Box 965060**

Number Street

**Orlando, FL 32896-5060**

City State ZIP Code

When was the debt incurred?

**5/22/2016**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **ChargeAccount**

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

LauraSueGilbertCase number (if known) 24-33260

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|             |                               |  |               |
|-------------|-------------------------------|--|---------------|
| <b>4.38</b> | <b>Synchrony Bank/HHGregg</b> | Last 4 digits of account number <u>5 6 6 4</u> | <b>\$0.00</b> |
|-------------|-------------------------------|--|---------------|

Nonpriority Creditor's Name

Attn: BankruptcyPO Box 965060

Number Street

Orlando, FL 32896-5060

City State ZIP Code

When was the debt incurred?

11/2/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes

|             |                                |  |               |
|-------------|--------------------------------|--|---------------|
| <b>4.39</b> | <b>Synchrony Bank/JCPenney</b> | Last 4 digits of account number <u>9 1 9 8</u> | <b>\$0.00</b> |
|-------------|--------------------------------|--|---------------|

Nonpriority Creditor's Name

Attn: BankruptcyPo Box 965060

Number Street

Orlando, FL 32896

City State ZIP Code

When was the debt incurred?

12/20/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify ChargeAccount

Is the claim subject to offset?

☒ No☐ Yes

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|  |                                |  |                |               |
|--|--------------------------------|--|----------------|---------------|
| <b>4.40</b>  | <b>Synchrony Bank/JCPenney</b> | Last 4 digits of account number  | <u>6 5 8 1</u> | <b>\$0.00</b> |
| Nonpriority Creditor's Name  |                                | When was the debt incurred? <u>3/1/1992</u>  |                |               |
| <b>Attn: Bankruptcy</b>  |                                |  |                |               |
| <b>Po Box 965060</b>   |                                | As of the date you file, the claim is: Check all that apply.   |                |               |
| Number Street  |                                | <input type="checkbox"/> Contingent  |                |               |
| <b>Orlando, FL 32896</b>   |                                | <input type="checkbox"/> Unliquidated  |                |               |
| City State ZIP Code  |                                | <input type="checkbox"/> Disputed  |                |               |
| Who incurred the debt? Check one.                                    |                                | Type of NONPRIORITY unsecured claim:   |                |               |
| <input checked="" type="checkbox"/> Debtor 1 only                    |                                | <input type="checkbox"/> Student loans   |                |               |
| <input type="checkbox"/> Debtor 2 only                               |                                | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |               |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only                  |                                | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |               |
| <input type="checkbox"/> At least one of the debtors and another     |                                | <input checked="" type="checkbox"/> Other. Specify <u>UnknownLoanType</u>  |                |               |
| <input type="checkbox"/> Check if this claim is for a community debt |                                |  |                |               |
| Is the claim subject to offset?                                      |                                |  |                |               |
| <input checked="" type="checkbox"/> No                               |                                |  |                |               |
| <input type="checkbox"/> Yes   |                                |  |                |               |
| <b>4.41</b>  | <b>Synchrony Bank/Lowes</b>    | Last 4 digits of account number  | <u>4 9 0 4</u> | <b>\$0.00</b> |
| Nonpriority Creditor's Name  |                                | When was the debt incurred? <u>10/1/1995</u>   |                |               |
| <b>Attn: Bankruptcy</b>  |                                |  |                |               |
| <b>PO Box 965060</b>   |                                | As of the date you file, the claim is: Check all that apply.   |                |               |
| Number Street  |                                | <input type="checkbox"/> Contingent  |                |               |
| <b>Orlando, FL 32896-5060</b>  |                                | <input type="checkbox"/> Unliquidated  |                |               |
| City State ZIP Code  |                                | <input type="checkbox"/> Disputed  |                |               |
| Who incurred the debt? Check one.                                    |                                | Type of NONPRIORITY unsecured claim:   |                |               |
| <input checked="" type="checkbox"/> Debtor 1 only                    |                                | <input type="checkbox"/> Student loans   |                |               |
| <input type="checkbox"/> Debtor 2 only                               |                                | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |               |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only                  |                                | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |               |
| <input type="checkbox"/> At least one of the debtors and another     |                                | <input checked="" type="checkbox"/> Other. Specify <u>UnknownLoanType</u>  |                |               |
| <input type="checkbox"/> Check if this claim is for a community debt |                                |  |                |               |
| Is the claim subject to offset?                                      |                                |  |                |               |
| <input checked="" type="checkbox"/> No                               |                                |  |                |               |
| <input type="checkbox"/> Yes   |                                |  |                |               |

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|  |                                 |  |                |                   |
|--|---------------------------------|--|----------------|-------------------|
| <b>4.42</b>  | <b>TD Retail Card/Cub Cadet</b> | Last 4 digits of account number  | <u>7 6 7 1</u> | <b>\$0.00</b>     |
| Nonpriority Creditor's Name  |                                 | When was the debt incurred? <u>4/1/2015</u>  |                |                   |
| <b>Attn: Bankruptcy</b>  |                                 |  |                |                   |
| <b>PO Box 100114</b>   |                                 | As of the date you file, the claim is: Check all that apply.   |                |                   |
| Number Street  |                                 | <input type="checkbox"/> Contingent  |                |                   |
| <b>Columbia, SC 29202-3114</b>                                       |                                 | <input type="checkbox"/> Unliquidated  |                |                   |
| City   | State ZIP Code                  | <input type="checkbox"/> Disputed  |                |                   |
| Who incurred the debt? Check one.                                    |                                 | Type of NONPRIORITY unsecured claim:   |                |                   |
| <input checked="" type="checkbox"/> Debtor 1 only                    |                                 | <input type="checkbox"/> Student loans   |                |                   |
| <input type="checkbox"/> Debtor 2 only                               |                                 | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |                   |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only                  |                                 | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |                   |
| <input type="checkbox"/> At least one of the debtors and another     |                                 | <input checked="" type="checkbox"/> Other. Specify <u>ChargeAccount</u>  |                |                   |
| <input type="checkbox"/> Check if this claim is for a community debt |                                 |  |                |                   |
| Is the claim subject to offset?                                      |                                 |  |                |                   |
| <input checked="" type="checkbox"/> No                               |                                 |  |                |                   |
| <input type="checkbox"/> Yes   |                                 |  |                |                   |
| <b>4.43</b>  | <b>Texas Bay Credit Union</b>   | Last 4 digits of account number  | <u>8 2 1 9</u> | <b>\$6,756.00</b> |
| Nonpriority Creditor's Name  |                                 | When was the debt incurred? <u>9/1/2015</u>  |                |                   |
| <b>Attn: Bankruptcy</b>  |                                 |  |                |                   |
| <b>12611 Fuqua Street</b>  |                                 | As of the date you file, the claim is: Check all that apply.   |                |                   |
| Number Street  |                                 | <input type="checkbox"/> Contingent  |                |                   |
| <b>Houston, TX 77034</b>   |                                 | <input type="checkbox"/> Unliquidated  |                |                   |
| City   | State ZIP Code                  | <input type="checkbox"/> Disputed  |                |                   |
| Who incurred the debt? Check one.                                    |                                 | Type of NONPRIORITY unsecured claim:   |                |                   |
| <input checked="" type="checkbox"/> Debtor 1 only                    |                                 | <input type="checkbox"/> Student loans   |                |                   |
| <input type="checkbox"/> Debtor 2 only                               |                                 | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |                   |
| <input type="checkbox"/> Debtor 1 and Debtor 2 only                  |                                 | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |                   |
| <input type="checkbox"/> At least one of the debtors and another     |                                 | <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>   |                |                   |
| <input type="checkbox"/> Check if this claim is for a community debt |                                 |  |                |                   |
| Is the claim subject to offset?                                      |                                 |  |                |                   |
| <input checked="" type="checkbox"/> No                               |                                 |  |                |                   |
| <input type="checkbox"/> Yes   |                                 |  |                |                   |

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

|             |  |  |                |                   |
|-------------|--|--|----------------|-------------------|
| <b>4.44</b> | <b>U.S. Bankcorp</b>   | Last 4 digits of account number  | <u>9 6 5 7</u> | <b>\$1,548.00</b> |
|             | Nonpriority Creditor's Name  | When was the debt incurred? <u>8/1/2017</u>  |                |                   |
|             | <b>Attn: Bankruptcy</b>  |  |                |                   |
|             | <b>800 Nicollet Mall</b>   | As of the date you file, the claim is: Check all that apply.   |                |                   |
|             | Number Street  | <input type="checkbox"/> Contingent  |                |                   |
|             | <b>Minneapolis, MN 55402</b>   | <input type="checkbox"/> Unliquidated  |                |                   |
|             | City State ZIP Code  | <input type="checkbox"/> Disputed  |                |                   |
|             | Who incurred the debt? Check one.                                    | Type of NONPRIORITY unsecured claim:   |                |                   |
|             | <input checked="" type="checkbox"/> Debtor 1 only                    | <input type="checkbox"/> Student loans   |                |                   |
|             | <input type="checkbox"/> Debtor 2 only                               | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |                   |
|             | <input type="checkbox"/> Debtor 1 and Debtor 2 only                  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |                   |
|             | <input type="checkbox"/> At least one of the debtors and another     | <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>   |                |                   |
|             | <input type="checkbox"/> Check if this claim is for a community debt |  |                |                   |
|             | Is the claim subject to offset?                                      |  |                |                   |
|             | <input checked="" type="checkbox"/> No                               |  |                |                   |
|             | <input type="checkbox"/> Yes   |  |                |                   |
| <b>4.45</b> | <b>Upgrade, Inc.</b>   | Last 4 digits of account number  | <u>5 4 5 6</u> | <b>\$0.00</b>     |
|             | Nonpriority Creditor's Name  | When was the debt incurred? <u>1/1/2021</u>  |                |                   |
|             | <b>Attn: Bankruptcy</b>  |  |                |                   |
|             | <b>275 Battery Street 23rd Floor</b>                                 | As of the date you file, the claim is: Check all that apply.   |                |                   |
|             | Number Street  | <input type="checkbox"/> Contingent  |                |                   |
|             | <b>San Francisco, CA 94111</b>                                       | <input type="checkbox"/> Unliquidated  |                |                   |
|             | City State ZIP Code  | <input type="checkbox"/> Disputed  |                |                   |
|             | Who incurred the debt? Check one.                                    | Type of NONPRIORITY unsecured claim:   |                |                   |
|             | <input checked="" type="checkbox"/> Debtor 1 only                    | <input type="checkbox"/> Student loans   |                |                   |
|             | <input type="checkbox"/> Debtor 2 only                               | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims |                |                   |
|             | <input type="checkbox"/> Debtor 1 and Debtor 2 only                  | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts                                       |                |                   |
|             | <input type="checkbox"/> At least one of the debtors and another     | <input checked="" type="checkbox"/> Other. Specify <u>CheckCreditOrLineOfCredit</u>  |                |                   |
|             | <input type="checkbox"/> Check if this claim is for a community debt |  |                |                   |
|             | Is the claim subject to offset?                                      |  |                |                   |
|             | <input checked="" type="checkbox"/> No                               |  |                |                   |
|             | <input type="checkbox"/> Yes   |  |                |                   |

Debtor 1

LauraSueGilbertCase number (if known) 24-33260

First Name

Middle Name

Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**1.** Zwicker & Associates, P.C. On which entry in Part 1 or Part 2 did you list the original creditor?

Name

PO Box 101145

Number Street

Line 4.17 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

\_ \_ \_ \_

Birmingham, AL 35210-6145

City

State

ZIP Code

**2.** Attorney General of Texas On which entry in Part 1 or Part 2 did you list the original creditor?

Name

Attn: Brent WebsterPO Box 12548

Number Street

Line 4.30 of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

\_ \_ \_ \_

Austin, TX 78711

City

State

ZIP Code

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claim****Total claims from Part 1**

|     |  |       |                      |
|-----|--|-------|----------------------|
| 6a. | <b>Domestic support obligations</b>  | 6a.   | <u>\$0.00</u>        |
| 6b. | <b>Taxes and certain other debts you owe the government</b>                    | 6b.   | <u>\$0.00</u>        |
| 6c. | <b>Claims for death or personal injury while you were intoxicated</b>          | 6c.   | <u>\$0.00</u>        |
| 6d. | <b>Other.</b> Add all other priority unsecured claims. Write that amount here. | 6d. + | <u>\$0.00</u>        |
| 6e. | <b>Total.</b> Add lines 6a through 6d.   | 6e.   | <u><u>\$0.00</u></u> |

**Total claim****Total claims from Part 2**

|     |  |       |                            |
|-----|--|-------|----------------------------|
| 6f. | <b>Student loans</b>   | 6f.   | <u>\$0.00</u>              |
| 6g. | <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b> | 6g.   | <u>\$0.00</u>              |
| 6h. | <b>Debts to pension or profit-sharing plans, and other similar debts</b>                                       | 6h.   | <u>\$0.00</u>              |
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. + | <u>\$216,048.09</u>        |
| 6j. | <b>Total.</b> Add lines 6f through 6i.   | 6j.   | <u><u>\$216,048.09</u></u> |



Fill in this information to identify your case:

|   |                                   |             |                |
|---|-----------------------------------|-------------|----------------|
| Debtor 1                                | <u>Laura</u>                      | <u>Sue</u>  | <u>Gilbert</u> |
|   | First Name                        | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)         | _____                             | _____       | _____          |
|   | First Name                        | Middle Name | Last Name      |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |             |                |
| Case number<br>(if known)               | <u>24-33260</u>                   |             |                |

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or company with whom you have the contract or lease              | State what the contract or lease is for |
|-----|---|---|
| 2.1 | _____<br>Name<br>_____<br>Number Street<br>_____<br>City State ZIP Code |   |
| 2.2 | _____<br>Name<br>_____<br>Number Street<br>_____<br>City State ZIP Code |   |
| 2.3 | _____<br>Name<br>_____<br>Number Street<br>_____<br>City State ZIP Code |   |
| 2.4 | _____<br>Name<br>_____<br>Number Street<br>_____<br>City State ZIP Code |   |

Fill in this information to identify your case:

|   |                 |             |                          |
|---|-----------------|-------------|--------------------------|
| Debtor 1                                | <u>Laura</u>    | <u>Sue</u>  | <u>Gilbert</u>           |
|   | First Name      | Middle Name | Last Name                |
| Debtor 2                                |                 |             |                          |
| (Spouse, if filing)                     | First Name      | Middle Name | Last Name                |
| United States Bankruptcy Court for the: | <u>Southern</u> |             | District of <u>Texas</u> |
| Case number                             | <u>24-33260</u> |             |                          |
| (if known)                              |                 |             |                          |

☐ Check if this is an amended filing

## Official Form 106H

## Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No  
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)

☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

\_\_\_\_\_  
 Name of your spouse, former spouse, or legal equivalent

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

3.2

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 City State ZIP Code

☐ Schedule D, line \_\_\_\_\_

☐ Schedule E/F, line \_\_\_\_\_

☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

|   |                                   |             |                |
|---|-----------------------------------|-------------|----------------|
| Debtor 1                                | <u>Laura</u>                      | <u>Sue</u>  | <u>Gilbert</u> |
|   | First Name                        | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)         |                                   |             |                |
|   | First Name                        | Middle Name | Last Name      |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |             |                |
| Case number<br>(if known)               | <u>24-33260</u>                   |             |                |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

☒ Employed ☐ Not Employed☐ Employed ☐ Not Employed

## Occupation

Bus Monitor

## Employer's name

Deer Park ISD

## Employer's address

2800 Texas Ave

Number Street

Number Street

Deer Park, TX 77536

City State Zip Code

City State Zip Code

How long employed there? 4 months

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|  | For Debtor 1         | For Debtor 2 or non-filing spouse |
|--|----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be. | 2. <u>\$1,031.79</u> | <u>\$0.00</u>                     |
| 3. Estimate and list monthly overtime pay.   | 3. + <u>\$0.00</u>   | + <u>\$0.00</u>                   |
| 4. Calculate gross income. Add line 2 + line 3.  | 4. <u>\$1,031.79</u> | <u>\$0.00</u>                     |

Debtor 1 Laura Sue Gilbert Case number (if known) 24-33260  
 First Name Middle Name Last Name

|   |       | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|-------|--------------|-----------------------------------|
| Copy line 4 here.....→  | 4.    | \$1,031.79   | \$0.00                            |
| 5. List all payroll deductions:   |       |              |                                   |
| 5a. Tax, Medicare, and Social Security deductions   | 5a.   | \$0.00       | \$0.00                            |
| 5b. Mandatory contributions for retirement plans  | 5b.   | \$0.00       | \$0.00                            |
| 5c. Voluntary contributions for retirement plans  | 5c.   | \$0.00       | \$0.00                            |
| 5d. Required repayments of retirement fund loans  | 5d.   | \$0.00       | \$0.00                            |
| 5e. Insurance   | 5e.   | \$121.46     | \$0.00                            |
| 5f. Domestic support obligations  | 5f.   | \$0.00       | \$0.00                            |
| 5g. Union dues  | 5g.   | \$0.00       | \$0.00                            |
| 5h. Other deductions. Specify: _____  | 5h. + | \$0.00       | \$0.00                            |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   | 6.    | \$121.46     | \$0.00                            |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7.    | \$910.33     | \$0.00                            |
| 8. List all other income regularly received:  |       |              |                                   |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a.   | (\$314.39)   | \$0.00                            |
| 8b. Interest and dividends  | 8b.   | \$0.00       | \$0.00                            |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.   | \$0.00       | \$0.00                            |
| 8d. Unemployment compensation   | 8d.   | \$0.00       | \$0.00                            |
| 8e. Social Security   | 8e.   | \$2,493.70   | \$0.00                            |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____  | 8f.   | \$0.00       | \$0.00                            |
| 8g. Pension or retirement income  | 8g.   | \$0.00       | \$0.00                            |
| 8h. Other monthly income. Specify: _____  | 8h. + | \$0.00       | \$0.00                            |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9.    | \$2,179.31   | \$0.00                            |
| 10. Calculate monthly income. Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse   | 10.   | \$3,089.64   | \$0.00                            |
| 11. State all other regular contributions to the expenses that you list in Schedule J.<br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: _____ | 11. + | \$0.00       |                                   |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies  | 12.   | \$3,089.64   | \$3,089.64                        |
| Combined monthly income   |       |              |                                   |
| 13. Do you expect an increase or decrease within the year after you file this form?   |       |              |                                   |
| <input checked="" type="checkbox"/> No.   |       |              |                                   |
| <input type="checkbox"/> Yes. Explain:  |       |              |                                   |

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

## 8a. Attached Statement

**Self Employed Income**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

## PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

|                          |                        |
|--------------------------|------------------------|
| 1. Gross Monthly Income: | <u><b>\$362.85</b></u> |
|--------------------------|------------------------|

## PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

|                                   |                        |
|-----------------------------------|------------------------|
| 2. Ordinary and necessary expense | <u><b>\$490.60</b></u> |
|-----------------------------------|------------------------|

|   |                      |
|---|----------------------|
| 3. Net Employee Payroll (Other than debtor) | <u><b>\$0.00</b></u> |
|---|----------------------|

|                  |                      |
|------------------|----------------------|
| 4. Payroll Taxes | <u><b>\$0.00</b></u> |
|------------------|----------------------|

|                       |                      |
|-----------------------|----------------------|
| 5. Unemployment Taxes | <u><b>\$0.00</b></u> |
|-----------------------|----------------------|

|                          |                      |
|--------------------------|----------------------|
| 6. Worker's Compensation | <u><b>\$0.00</b></u> |
|--------------------------|----------------------|

|                |                      |
|----------------|----------------------|
| 7. Other Taxes | <u><b>\$0.00</b></u> |
|----------------|----------------------|

|  |                      |
|--|----------------------|
| 8. Inventory Purchases (Including raw materials) | <u><b>\$0.00</b></u> |
|--|----------------------|

|   |                      |
|---|----------------------|
| 9. Purchase of Feed/Fertilizer/Seed/Spray | <u><b>\$0.00</b></u> |
|---|----------------------|

|  |                      |
|--|----------------------|
| 10. Rent (Other than debtor's principal residence) | <u><b>\$0.00</b></u> |
|--|----------------------|

|               |                      |
|---------------|----------------------|
| 11. Utilities | <u><b>\$0.00</b></u> |
|---------------|----------------------|

|                                  |                       |
|----------------------------------|-----------------------|
| 12. Office Expenses and Supplies | <u><b>\$40.62</b></u> |
|----------------------------------|-----------------------|

|                             |                       |
|-----------------------------|-----------------------|
| 13. Repairs and Maintenance | <u><b>\$27.95</b></u> |
|-----------------------------|-----------------------|

|                      |                       |
|----------------------|-----------------------|
| 14. Vehicle Expenses | <u><b>\$47.23</b></u> |
|----------------------|-----------------------|

|                              |                      |
|------------------------------|----------------------|
| 15. Travel and Entertainment | <u><b>\$0.00</b></u> |
|------------------------------|----------------------|

|                                 |                      |
|---------------------------------|----------------------|
| 16. Equipment Rental and Leases | <u><b>\$0.00</b></u> |
|---------------------------------|----------------------|

|  |                      |
|--|----------------------|
| 17. Legal/Accounting/Other Professional Fees | <u><b>\$0.00</b></u> |
|--|----------------------|

|               |                       |
|---------------|-----------------------|
| 18. Insurance | <u><b>\$70.84</b></u> |
|---------------|-----------------------|

|  |                      |
|--|----------------------|
| 19. Employee Benefits (e.g., pension, medical, etc.) | <u><b>\$0.00</b></u> |
|--|----------------------|

|   |  |
|---|--|
| 20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts |  |
|---|--|

|                                     |                      |
|-------------------------------------|----------------------|
| TOTAL PAYMENTS TO SECURED CREDITORS | <u><b>\$0.00</b></u> |
|-------------------------------------|----------------------|

|                    |  |
|--------------------|--|
| 21. Other Expenses |  |
|--------------------|--|

|                      |                      |
|----------------------|----------------------|
| TOTAL OTHER EXPENSES | <u><b>\$0.00</b></u> |
|----------------------|----------------------|

|   |                        |
|---|------------------------|
| 22. TOTAL MONTHLY EXPENSES(Add item 2 - 21) | <u><b>\$677.24</b></u> |
|---|------------------------|

## PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

|  |                          |
|--|--------------------------|
| 23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) | <u><b>(\$314.39)</b></u> |
|--|--------------------------|

Fill in this information to identify your case:

|   |                                   |             |                |
|---|-----------------------------------|-------------|----------------|
| Debtor 1                                | <u>Laura</u>                      | <u>Sue</u>  | <u>Gilbert</u> |
|   | First Name                        | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)         | _____                             | _____       | _____          |
|   | First Name                        | Middle Name | Last Name      |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |             |                |
| Case number<br>(if known)               | <u>24-33260</u>                   |             |                |

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.☐ No. ☐ Yes.

## 3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$0.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$0.004b. \$0.004c. \$500.004d. \$0.00

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

|      |  | Your expenses          |
|------|--|------------------------|
| 5.   | <b>Additional mortgage payments for your residence</b> , such as home equity loans   | 5. <u>\$0.00</u>       |
| 6.   | <b>Utilities:</b>  |                        |
| 6a.  | Electricity, heat, natural gas   | 6a. <u>\$500.00</u>    |
| 6b.  | Water, sewer, garbage collection   | 6b. <u>\$100.00</u>    |
| 6c.  | Telephone, cell phone, Internet, satellite, and cable services   | 6c. <u>\$120.00</u>    |
| 6d.  | Other. Specify: _____  | 6d. <u>\$0.00</u>      |
| 7.   | <b>Food and housekeeping supplies</b>  | 7. <u>\$400.00</u>     |
| 8.   | <b>Childcare and children's education costs</b>  | 8. <u>\$0.00</u>       |
| 9.   | <b>Clothing, laundry, and dry cleaning</b>   | 9. <u>\$25.00</u>      |
| 10.  | <b>Personal care products and services</b>   | 10. <u>\$100.00</u>    |
| 11.  | <b>Medical and dental expenses</b>   | 11. <u>\$0.00</u>      |
| 12.  | <b>Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. <u>\$300.00</u>    |
| 13.  | <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. <u>\$200.00</u>    |
| 14.  | <b>Charitable contributions and religious donations</b>  | 14. <u>\$0.00</u>      |
| 15.  | <b>Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |                        |
| 15a. | Life insurance   | 15a. <u>\$0.00</u>     |
| 15b. | Health insurance   | 15b. <u>\$392.22</u>   |
| 15c. | Vehicle insurance  | 15c. <u>\$0.00</u>     |
| 15d. | Other insurance. Specify: _____  | 15d. <u>\$298.91</u>   |
| 16.  | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: _____  | 16. <u>\$0.00</u>      |
| 17.  | <b>Installment or lease payments:</b>  |                        |
| 17a. | Car payments for Vehicle 1 <u>2023 Buick Enclave Avenir Sport Utility 4D</u>   | 17a. <u>\$1,258.00</u> |
| 17b. | Car payments for Vehicle 2   | 17b. <u>\$0.00</u>     |
| 17c. | Other. Specify: <u>Tolls</u>   | 17c. <u>\$160.00</u>   |
| 17d. | Other. Specify: _____  | 17d. <u>\$0.00</u>     |
| 18.  | <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b> | 18. <u>\$0.00</u>      |
| 19.  | <b>Other payments you make to support others who do not live with you.</b><br>Specify: _____   | 19. <u>\$0.00</u>      |
| 20.  | <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |                        |
| 20a. | Mortgages on other property  | 20a. <u>\$0.00</u>     |
| 20b. | Real estate taxes  | 20b. <u>\$0.00</u>     |
| 20c. | Property, homeowner's, or renter's insurance   | 20c. <u>\$0.00</u>     |
| 20d. | Maintenance, repair, and upkeep expenses   | 20d. <u>\$0.00</u>     |
| 20e. | Homeowner's association or condominium dues  | 20e. <u>\$0.00</u>     |

Debtor 1

**Laura****Sue****Gilbert**

First Name

Middle Name

Last Name

Case number (if known) **24-33260**21. Other. Specify: **SBA**21. + **\$605.00**

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. **\$4,959.13**

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. **\$0.00**

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. **\$4,959.13**

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from *Schedule I*.23a. **\$3,089.64**

23b. Copy your monthly expenses from line 22c above.

23b. **-\$4,959.13**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.23c. **(\$1,869.49)**

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

None



Fill in this information to identify your case:

|   |                                   |             |                |
|---|-----------------------------------|-------------|----------------|
| Debtor 1                                | <u>Laura</u>                      | <u>Sue</u>  | <u>Gilbert</u> |
|   | First Name                        | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)         | _____                             |             |                |
|   | First Name                        | Middle Name | Last Name      |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |             |                |
| Case number<br>(if known)               | <u>24-33260</u>                   |             |                |

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### 1. **Schedule A/B: Property** (Official Form 106A/B)

|   |                     |
|---|---------------------|
| 1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....       | <u>\$381,843.00</u> |
| 1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> ..... | <u>\$49,314.00</u>  |
| 1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....      | <u>\$431,157.00</u> |

#### Your assets

Value of what you own

### Part 2: Summarize Your Liabilities

#### 2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

|   |                    |
|---|--------------------|
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ..... | <u>\$61,183.00</u> |
|---|--------------------|

#### 3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

|  |                     |
|--|---------------------|
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....    | <u>\$0.00</u>       |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> ..... | <u>\$216,048.09</u> |

Your total liabilities

|                     |
|---------------------|
| <u>\$277,231.09</u> |
|---------------------|

#### Your liabilities

Amount you owe

### Part 3: Summarize Your Income and Expenses

#### 4. **Schedule I: Your Income** (Official Form 106I)

|   |                   |
|---|-------------------|
| Copy your combined monthly income from line 12 of <i>Schedule I</i> ..... | <u>\$3,089.64</u> |
|---|-------------------|

#### 5. **Schedule J: Your Expenses** (Official Form 106J)

|   |                   |
|---|-------------------|
| Copy your monthly expenses from line 22c of <i>Schedule J</i> ..... | <u>\$4,959.13</u> |
|---|-------------------|

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Part 4:** Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.**\$321.07****9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:****Total claim****From Part 4 on Schedule E/F, copy the following:**

|  |  |
|--|--|
| 9a. Domestic support obligations (Copy line 6a.)   | <u>          \$0.00          </u>          |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | <u>          \$0.00          </u>          |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | <u>          \$0.00          </u>          |
| 9d. Student loans. (Copy line 6f.)   | <u>          \$0.00          </u>          |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | <u>          \$0.00          </u>          |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | <b>+</b> <u>          \$0.00          </u> |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | <u>          \$0.00          </u>          |

Fill in this information to identify your case:

|   |                                   |             |                |
|---|-----------------------------------|-------------|----------------|
| Debtor 1                                | <u>Laura</u>                      | <u>Sue</u>  | <u>Gilbert</u> |
|   | First Name                        | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)         | <u></u>                           |             |                |
|   | First Name                        | Middle Name | Last Name      |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |             |                |
| Case number<br>(if known)               | <u>24-33260</u>                   |             |                |

☐ Check if this is an amended filing

## Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Laura Sue Gilbert  
 Laura Sue Gilbert, Debtor 1

Date 07/25/2024  
 MM/ DD/ YYYY

Fill in this information to identify your case:

|   |                                   |             |                |
|---|-----------------------------------|-------------|----------------|
| Debtor 1                                | <u>Laura</u>                      | <u>Sue</u>  | <u>Gilbert</u> |
|   | First Name                        | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)         | _____                             |             |                |
|   | First Name                        | Middle Name | Last Name      |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |             |                |
| Case number<br>(if known)               | <u>24-33260</u>                   |             |                |

☐ Check if this is an amended filing

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Give Details About Your Marital Status and Where You Lived Before

## 1. What is your current marital status?

- ☐ Married
- ☒ Not married

## 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

| Debtor 1:                                 | Dates Debtor 1 lived there | Debtor 2:                                 | Dates Debtor 2 lived there |
|---|----------------------------|---|----------------------------|
| <input type="checkbox"/> Same as Debtor 1 |                            | <input type="checkbox"/> Same as Debtor 1 |                            |
| _____<br>Number Street                    | From _____<br>To _____     | _____<br>Number Street                    | From _____<br>To _____     |
| _____<br>City State ZIP Code              |                            | _____<br>City State ZIP Code              |                            |
| <input type="checkbox"/> Same as Debtor 1 |                            | <input type="checkbox"/> Same as Debtor 1 |                            |
| _____<br>Number Street                    | From _____<br>To _____     | _____<br>Number Street                    | From _____<br>To _____     |
| _____<br>City State ZIP Code              |                            | _____<br>City State ZIP Code              |                            |

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Debtor 1 Laura Sue Gilbert  
 First Name Middle Name Last Name

Case number (if known) 24-33260**Part 2:** Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No☒ Yes. Fill in the details.

|   | Debtor 1  | Debtor 2  |
|---|---|---|
|   | Sources of income<br>Check all that apply.  | Sources of income<br>Check all that apply.  |
|   | Gross Income<br>(before deductions and exclusions)  | Gross Income<br>(before deductions and exclusions)  |
| <b>From January 1 of current year until the date you filed for bankruptcy:</b>                | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips<br><input checked="" type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |
|   | <u>\$3,641.33</u>   |   |
|   | <u>\$2,539.95</u>   |   |
| <b>For last calendar year:</b><br>(January 1 to December 31, <u>2023</u> )<br>YYYY            | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business                       | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |
| <b>For the calendar year before that:</b><br>(January 1 to December 31, <u>2022</u> )<br>YYYY | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business                       | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business |

**5. Did you receive any other income during this year or the two previous calendar years?**Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.☐ No☒ Yes. Fill in the details.

|   | Debtor 1  | Debtor 2  |
|---|---|---|
|   | Sources of income<br>Describe below.                                | Sources of income<br>Describe below.                                |
|   | Gross income from each source<br>(before deductions and exclusions) | Gross Income from each source<br>(before deductions and exclusions) |
| <b>From January 1 of current year until the date you filed for bankruptcy:</b>                | <u>Social Security Benefits</u>                                     |   |
|   | <u>\$14,400.00</u>  |   |
| <b>For last calendar year:</b><br>(January 1 to December 31, <u>2023</u> )<br>YYYY            | <u>Social Security Benefits</u>                                     |   |
|   | <u>\$29,003.00</u>  |   |
| <b>For the calendar year before that:</b><br>(January 1 to December 31, <u>2022</u> )<br>YYYY | <u>Social Security Benefits</u>                                     |   |
|   | <u>\$26,677.00</u>  |   |

Debtor 1 Laura Sue Gilbert  
 First Name Middle Name Last Name

Case number (if known) 24-33260**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

|                     | Dates of payment | Total amount paid | Amount you still owe | Was this payment for...                       |
|---------------------|------------------|-------------------|----------------------|---|
| Creditor's Name     |                  |                   |                      | <input type="checkbox"/> Mortgage             |
| Number Street       |                  |                   |                      | <input type="checkbox"/> Car                  |
|                     |                  |                   |                      | <input type="checkbox"/> Credit card          |
|                     |                  |                   |                      | <input type="checkbox"/> Loan repayment       |
|                     |                  |                   |                      | <input type="checkbox"/> Suppliers or vendors |
| City State ZIP Code |                  |                   |                      | <input type="checkbox"/> Other _____          |

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No

☐ Yes. List all payments to an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|------------------|-------------------|----------------------|-------------------------|
| Insider's Name      |                  |                   |                      |                         |
| Number Street       |                  |                   |                      |                         |
|                     |                  |                   |                      |                         |
| City State ZIP Code |                  |                   |                      |                         |

Debtor 1 Laura Sue Gilbert Case number (if known) 24-33260  
 First Name Middle Name Last Name

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

|                     | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|---------------------|------------------|-------------------|----------------------|--|
| Insider's Name      |                  |                   |                      |  |
| Number Street       |                  |                   |                      |  |
|                     |                  |                   |                      |  |
| City State ZIP Code |                  |                   |                      |  |

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No

☒ Yes. Fill in the details.

|   | Nature of the case | Court or agency                        | Status of the case                          |
|---|--------------------|--|---|
| Case title <u>Discover Bank v Laura S Gilbert</u> | Debt Claim         | <u>In the County Court At Law No 4</u> | <input checked="" type="checkbox"/> Pending |
| Case number <u>1219847</u>                        |                    | <u>Harris, County, Texas</u>           | <input type="checkbox"/> On appeal          |
|   |                    | <u>201 Caroline 5th Floor</u>          | <input type="checkbox"/> Concluded          |
|   |                    | <u>Houston, TX 77002</u>               |   |
|   |                    | City State ZIP Code                    |   |

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.

☐ Yes. Fill in the information below.

|          |              |             |                |  |
|----------|--------------|-------------|----------------|--|
| Debtor 1 | <b>Laura</b> | <b>Sue</b>  | <b>Gilbert</b> | Case number (if known) <b>24-33260</b> |
|          | First Name   | Middle Name | Last Name      |  |

  

| _____<br>Creditor's Name<br><br>_____<br>Number Street<br><br>_____<br>City State ZIP Code  | <table border="1"> <thead> <tr> <th>Describe the property</th> <th>Date</th> <th>Value of the property</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th>Explain what happened</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Property was repossessed.<br/> <input type="checkbox"/> Property was foreclosed.<br/> <input type="checkbox"/> Property was garnished.<br/> <input type="checkbox"/> Property was attached, seized, or levied.               </td> </tr> </tbody> </table> | Describe the property | Date | Value of the property |  |  |  | Explain what happened | <input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |
|---|---|-----------------------|------|-----------------------|--|--|--|-----------------------|---|
| Describe the property   | Date  | Value of the property |      |                       |  |  |  |                       |   |
|   |   |                       |      |                       |  |  |  |                       |   |
| Explain what happened   |   |                       |      |                       |  |  |  |                       |   |
| <input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |   |                       |      |                       |  |  |  |                       |   |

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

| _____<br>Creditor's Name<br><br>_____<br>Number Street<br><br>_____<br>City State ZIP Code | <table border="1"> <thead> <tr> <th>Describe the action the creditor took</th> <th>Date action was taken</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Describe the action the creditor took | Date action was taken | Amount |  |  |  |
|--|--|---------------------------------------|-----------------------|--------|--|--|--|
| Describe the action the creditor took  | Date action was taken  | Amount                                |                       |        |  |  |  |
|  |  |                                       |                       |        |  |  |  |

Last 4 digits of account number: XXXX- \_ \_ \_ \_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

**Part 5:** List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.



Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

**Gifts with a total value of more than \$600 per person****Describe the gifts****Dates you gave the gifts****Value**

Person to Whom You Gave the Gift

Number Street

City State ZIP Code

Person's relationship to you \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**☒ No☐ Yes. Fill in the details for each gift or contribution.**Gifts or contributions to charities that total more than \$600****Describe what you contributed****Date you contributed****Value**

Charity's Name

Number Street

City State ZIP Code

**Part 6: List Certain Losses****15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**☒ No☐ Yes. Fill in the details.**Describe the property you lost and how the loss occurred****Describe any insurance coverage for the loss****Date of your loss****Value of property lost**Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Debtor 1 **Laura Sue Gilbert**  
 First Name Middle Name Last Name

Case number (if known) **24-33260****Part 7:** List Certain Payments or Transfers

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No☒ Yes. Fill in the details.**Resolve Law Group**

Person Who Was Paid

**801 Travis Street Suite 2101**

Number Street

**Houston, TX 77002**

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

## Description and value of any property transferred

Date payment or  
transfer was made

Amount of payment

**Filing Fee; Credit Report****06/19/2024****\$338.00****06/19/2024****\$25.00****Allen Credit & Debt Counseling Agency**

Person Who Was Paid

**800 Dakota Ave. N**

Number Street

**57320**

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

## Description and value of any property transferred

Date payment or  
transfer was made

Amount of payment

**Credit Counseling Course****05/31/2024****\$20.00**

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

☒ No☐ Yes. Fill in the details.

## Description and value of any property transferred

Date payment or  
transfer was made

Amount of payment

Person Who Was Paid

Number Street

City State ZIP Code

Debtor 1

**Laura****Sue****Gilbert**

First Name

Middle Name

Last Name

Case number (if known) **24-33260****18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.



No



Yes. Fill in the details.

|                                       | Description and value of property transferred | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---------------------------------------|---|--|------------------------|
| Person Who Received Transfer _____    |   |  | _____                  |
| Number _____ Street _____             |   |  |                        |
| _____                                 |   |  |                        |
| City _____ State _____ ZIP Code _____ |   |  |                        |
| Person's relationship to you _____    |   |  |                        |

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?**  
(These are often called *asset-protection devices*.)

No



Yes. Fill in the details.

|                     | Description and value of the property transferred | Date transfer was made |
|---------------------|---|------------------------|
| Name of trust _____ |   | _____                  |
| _____               |   |                        |

**Part 8:** List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.



No



Yes. Fill in the details.

Debtor 1

**Laura****Sue****Gilbert**Case number (if known) **24-33260**

First Name

Middle Name

Last Name

Last 4 digits of account number

Type of account or instrument

Date account was closed, sold, moved, or transferred

Last balance before closing or transfer

Name of Financial Institution

XXXX- \_ \_ \_ \_

☐ Checking☐ Savings☐ Money market☐ Brokerage☐ Other \_\_\_\_\_

Number Street

City State ZIP Code

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No☐ Yes. Fill in the details.

Who else had access to it?

Describe the contents

Do you still have it?

Name of Financial Institution

Name

☐ No☐ Yes

Number Street

Number Street

City State ZIP Code

City State ZIP Code

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

Name of Storage Facility

Name

☐ No☐ Yes

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1 Laura Sue Gilbert  
 First Name Middle Name Last Name

Case number (if known) 24-33260**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☐ No☒ Yes. Fill in the details.

| Where is the property?   |   | Describe the property   | Value              |
|--|---|---|--------------------|
| <b>Gerald Gilbert</b><br>Owner's Name<br><br><b>16601 Oak Lane</b><br>Number Street<br><br><b>Channelview, TX 77530</b><br>City State ZIP Code | <b>16601 Oak Lane</b><br>Number Street<br><br><b>Channelview, TX 77530</b><br>City State ZIP Code | 1972 Thunderbird Boat, 2008<br>Chrysler 300, 2002 Triumph<br>Motorcycle, 2003 Harley Davidson<br>Motorcycle, 3 mechanics toolboxes,<br>assorted mechanics tools, assorted<br>electricians' tools, 9 assorted<br>ladders, 2 generators 8000 Watts, 10<br>shelves assorted electric | <b>\$20,000.00</b> |

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Fill in the details.

| Governmental unit  |   | Environmental law, if you know it | Date of notice |
|--|---|-----------------------------------|----------------|
| Name of site<br><br>Number Street<br><br>City State ZIP Code | Governmental unit<br><br>Number Street<br><br>City State ZIP Code |                                   |                |

25. Have you notified any governmental unit of any release of hazardous material?

☒ No☐ Yes. Fill in the details.

Debtor 1 **Laura Sue Gilbert** Case number (if known) **24-33260**

First Name Middle Name Last Name

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

## 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.



No



Yes. Fill in the details.

Court or agency

Nature of the case

Status of the case

Case title

Court Name

Number Street

Case number

City State ZIP Code

☐ Pending☐ On appeal☐ Concluded**Part 11:** Give Details About Your Business or Connections to Any Business

## 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)☐ A partner in a partnership☐ An officer, director, or managing executive of a corporation☐ An owner of at least 5% of the voting or equity securities of a corporation☐ No. None of the above applies. Go to Part 12.☒ Yes. Check all that apply above and fill in the details below for each business.**Your Best Insurance Agency**

Name

Describe the nature of the business

Employer Identification number  
Do not include Social Security number or ITIN.

Insurance Agent

EIN: \_ \_ - \_ \_ \_ \_ \_

16601 Oak Ln

Number Street

Name of accountant or bookkeeper

Dates business existed

Channelview, TX 77530

City State ZIP Code

From \_ \_ \_ \_ \_ To \_ \_ \_ \_ \_

Debtor 1 Laura Sue Gilbert Case number (if known) 24-33260  
 First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.



No

☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

City

State

ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X

/s/ Laura Sue Gilbert

Signature of Laura Sue Gilbert, Debtor 1

Date 07/25/2024

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?



No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?



No

☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

|   |                                   |             |                |
|---|-----------------------------------|-------------|----------------|
| Debtor 1                                | <u>Laura</u>                      | <u>Sue</u>  | <u>Gilbert</u> |
|   | First Name                        | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)         | _____                             | _____       | _____          |
|   | First Name                        | Middle Name | Last Name      |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |             |                |
| Case number<br>(if known)               | <u>24-33260</u>                   |             |                |

☐ Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral                                | What do you intend to do with the property that secures a debt?  | Did you claim the property as exempt on Schedule C?                    |
|--|--|--|
| Creditor's name: <u>GM Financial</u>   | <input type="checkbox"/> Surrender the property.<br><input type="checkbox"/> Retain the property and redeem it.<br><input type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> .<br><input checked="" type="checkbox"/> Retain the property and [explain]:<br><u>Retain and Pay</u> | <input checked="" type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Description of property securing debt: <u>2023 Buick Enclave Avenir Sport Utility 4D</u> |  |  |



|          |              |             |                |  |
|----------|--------------|-------------|----------------|--|
| Debtor 1 | <b>Laura</b> | <b>Sue</b>  | <b>Gilbert</b> | Case number (if known) <b>24-33260</b> |
|          | First Name   | Middle Name | Last Name      |  |

**Part 2:** List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases****Will the lease be assumed?**

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes

Lessor's name:

☐ No

Description of leased property:

☐ Yes**Part 3:** Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

**X**/s/ Laura Sue Gilbert

Signature of Debtor 1

Date 07/25/2024

MM/ DD/ YYYY

Fill in this information to identify your case:

|   |                                   |             |                |
|---|-----------------------------------|-------------|----------------|
| Debtor 1                                | <u>Laura</u>                      | <u>Sue</u>  | <u>Gilbert</u> |
|   | First Name                        | Middle Name | Last Name      |
| Debtor 2<br>(Spouse, if filing)         |                                   |             |                |
|   | First Name                        | Middle Name | Last Name      |
| United States Bankruptcy Court for the: | <u>Southern District of Texas</u> |             |                |
| Case number<br>(if known)               | <u>24-33260</u>                   |             |                |

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse.
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

12/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

## Part 1: Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☒ **Not married.** Fill out Column A, lines 2-11.
- ☐ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Column A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  | Column A<br>Debtor 1  | Column B<br>Debtor 2 or<br>non-filing spouse |          |          |  |                 |  |   |                   |   |   |                   |  |  |
|--|---|--|----------|----------|--|-----------------|--|---|-------------------|---|---|-------------------|--|--|
| 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).   | <u>\$687.86</u>   |  |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.   | <u>\$0.00</u>   |  |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | <u>\$0.00</u>   |  |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| 5. Net income from operating a business, profession, or farm   | <table border="1"> <thead> <tr> <th></th> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$423.32</u></td> <td></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$790.11</u></td> <td>-</td> </tr> <tr> <td>Net monthly income from a business, profession, or farm</td> <td><u>(\$366.79)</u></td> <td></td> </tr> </tbody> </table> |  | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$423.32</u> |  | Ordinary and necessary operating expenses | - <u>\$790.11</u> | - | Net monthly income from a business, profession, or farm | <u>(\$366.79)</u> |  | <div>Copy here<br/>→</div> <u>(\$366.79)</u> |
|  | Debtor 1  | Debtor 2                                     |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| Gross receipts (before all deductions)   | <u>\$423.32</u>   |  |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| Ordinary and necessary operating expenses  | - <u>\$790.11</u>   | -  |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| Net monthly income from a business, profession, or farm  | <u>(\$366.79)</u>   |  |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| 6. Net income from rental and other real property  | <table border="1"> <thead> <tr> <th></th> <th>Debtor 1</th> <th>Debtor 2</th> </tr> </thead> <tbody> <tr> <td>Gross receipts (before all deductions)</td> <td><u>\$0.00</u></td> <td></td> </tr> <tr> <td>Ordinary and necessary operating expenses</td> <td>- <u>\$0.00</u></td> <td>-</td> </tr> <tr> <td>Net monthly income from rental or other real property</td> <td><u>\$0.00</u></td> <td></td> </tr> </tbody> </table>           |  | Debtor 1 | Debtor 2 | Gross receipts (before all deductions) | <u>\$0.00</u>   |  | Ordinary and necessary operating expenses | - <u>\$0.00</u>   | - | Net monthly income from rental or other real property   | <u>\$0.00</u>     |  | <div>Copy here<br/>→</div> <u>\$0.00</u>     |
|  | Debtor 1  | Debtor 2                                     |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| Gross receipts (before all deductions)   | <u>\$0.00</u>   |  |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| Ordinary and necessary operating expenses  | - <u>\$0.00</u>   | -  |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| Net monthly income from rental or other real property  | <u>\$0.00</u>   |  |          |          |  |                 |  |   |                   |   |   |                   |  |  |
| 7. Interest, dividends, and royalties  | <u>\$0.00</u>   |  |          |          |  |                 |  |   |                   |   |   |                   |  |  |

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under

the Social Security Act. Instead, list it here: ↓

For you.....\$2,493.70

For your spouse.....

Column A  
Debtor 1

\$0.00

Column B  
Debtor 2 or  
non-filing spouse

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$0.00

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+ \$321.07

+

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

= \$321.07

Total current  
monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here → \$321.07

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b. \$3,852.84

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

Texas

Fill in the number of people in your household.

1

Fill in the median family income for your state and size of household..... 13.

\$61,460.00

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Debtor 1

Case 24-33260 Document 10 Filed in TXSB on 07/25/24 Page 68 of 69  
**Laura Sue Gilbert**  
First Name Middle Name Last Name  
Case number (if known) **24-33260**

**Part 3:** Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X** **/s/ Laura Sue Gilbert**  
Signature of Debtor 1

Date **07/25/2024**  
MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A–2.

If you checked line 14b, fill out Form 122A–2 and file it with this form.

